

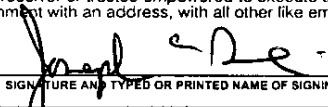


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 01, 2006 8:00 am**  
**Secretary of State**

05-01-2006 90376 035 \*\*\*150.00

<b>DOCUMENT # P04000108383</b> 1. Entity Name <b>H3 SPORTS, INC.</b>					
Principal Place of Business <b>1625 HACKNEY AVENUE ORLANDO, FL 32806</b>			Mailing Address <b>1625 HACKNEY AVENUE ORLANDO, FL 32806</b>		
2. Principal Place of Business <b>2750 Taylor Ave</b> Suite, Apt. #, etc. <b>Suite F</b> City & State <b>Orlando, FL</b> Zip <b>32806</b>		3. Mailing Address <b>2750 Taylor Ave</b> Suite, Apt. #, etc. <b>Suite F</b> City & State <b>Orlando, FL</b> Zip <b>32806</b>			
4. FEI Number <b>80-1443305</b>		Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				04242006 Chg-P CR2E034 (11/05)	
6. Name and Address of Current Registered Agent  <b>YOUNG, TIMOTHY L 1625 HACKNEY AVENUE ORLANDO, FL 32806</b>			7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D <input checked="" type="checkbox"/> Delete <b>YOUNG, TIMOTHY L 1625 HACKNEY AVENUE ORLANDO, FL 32806</b>		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete <b>SLEIMAN, JOSEOPH 2111 E MICHIGAN ST. STE 200 ORLANDO, FL 32806</b>		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
<b>SIGNATURE:</b> 			Date <b>4-26-06</b> Daytime Phone #		